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ABSTRACT

This paper explored attitudes toward death and dying revealed through interviews with members of the clergy, the medical profession, funeral directors, nursing home residents, and selected others. The sampling was small and results are not intended to be representative of the groups to which these people belong. Rather, the study may be used as a means for further investigation into the subject. Some questions asked were: (1) Do you ever feel emotionally involved, and if so, how do you maintain your professional perspective? (2) What is a most often felt response of the dying patient--anger or shock? (3) What is the grief process and is it necessary? (4) What is a most often felt response of the survivor--guilt or relief? In addition funeral directors were questioned concerning funeral and cremation costs, and directors' responsibilities to families. Results indicated that the ministry seems in best control of death situations while the medical profession appeared least able to respond to the psychological needs of the dying. Funerals remain highly acceptable; many services are becoming highly individualized. Fear of isolation and of dying alone was expressed by older citizens. Although most people prefer to die in familiar surroundings, an increasing majority die in hospitals. A short bibliography on the subject is included. (KC)

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ATTITUDES ON DEATH AND DYING

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Death as such has been described as a taboo topic. (Feifel) We are typically unable to talk about the process of dying itself, life is preferable to whatever may follow it. Our experience with death is usually an indirect one. Only through the death of loved ones do we identify directly and most deeply the experience of death. Then and only then does death become a reality.

This paper makes no attempt to explore the entire spectrum of dying but instead confines itself to the attitudes towards death and the process of dying. This report is in no way meant to represent the attitudes of all those professional and nonprofessional groups interviewed as it was drawn from a small sampling, located in a particular circumstance. Nothing conclusive can be drawn, but rather that the reader regard this report as a means for further investigation into the problems of death and dying.

For convenience and readability each of those groups interviewed have been categorized. The organization of this paper will assume the following form: Directed questions, a summation of responses, brief remarks by the writer, and a conclusion. Among those interviewed were ministers, doctors, nurses, funeral directors, nursing home residents and certain selected others. A complete text of the questions asked can be found at the end of this paper.

THE CLERGY

The following is a summation of the clergy's views on death and dying. Religious denominations represented are:

Southern Baptist, United Methodist, Free Baptist, United Presbyterian, Episcopalian and Catholicism.

1. What are your professional practices toward the terminally-ill and the family?

Most clergy expressed the hope that they would be called upon at the on-set of the death pronouncement. In such cases he is better able to establish a repoire with the patient and perhaps the family as well. If this is not possible, then he seeks to build a relationship to foster a degree of confidence. He makes several visits. Most important to remember is after-the-service visit and to continue to visit periodically. Technical expertise is not as important as the friend who empathizes.

2. Whose responsibility is it to tell the terminally-ill patient, the doctor or the minister?

The doctor is the most logical choice to inform the patient of his impending death. If he cannot or feels inadequate to do so then by all means the minister should tell. However, the minister is usually unable to answer questions of a medical nature. These are questions the patient needs to have answered. Ideally the medical and clergy should operate as a team, with both being available as a support unit for the patient as well as for the family.

3. Do you ever become emotionally involved and if so, how do you maintain your perspective?

Yes. It is very difficult to avoid emotionality, especially if you know the patient and family. There is a dilemma between the fact of death as a part of life and the acceptance of death on an emotional level. Belief in the Christian doctrine supports the situation.

4. What in your opinion is a most often felt response of the dying patient?

It varies from person to person. Disbelief, shock, anger, denial, bitterness, withdrawal are all part of responses. The patient may go through all or only part of this process, but at some time he will usually find acceptance.

5. What is the grief process and is it necessary?

The grief process is one of working through these feelings of anger, denial and shock. It usually is done in stages. A person moves from one to the other. There are no short cuts for the grief process. It is normal and important for the patient to have these feelings. The family of the patient is sure to experience the same emotions. Relatives need ministering as much as the survivors. In some cases even more so. Often the patient arrives at acceptance long before family members.

In unexpected deaths, such as accidental or very short term illness, the loved ones are caught off guard. Grief for them usually is hardest after the burial. At a sudden death, the survivor may still be in shock. Much attention is being paid to him at this time. There are many details to attend to before burial. The realization of death may not have registered as yet. After the funeral, when friends have parted and he is less busy, grief is more profound. It is at this time that the clergy can play a most important role, by remembering that the person is in need of friends and emotional support.

6. Do you think funerals prolong the agony or help in the acceptance of death?

Prime importance of the funeral is to impress upon the survivor that death is a finality. If he has not as yet entered the grief process, he must do so now. Overly elaborate funerals are unnecessary, but often occur because of people being anxious to demonstrate their concern and regret for the dead. Death is a part of life and the funeral is an important rite of passage.

7. Have you accepted the fact of your own death?

Intellectually and philosophically, yes - emotionally, no. Acceptance of one's own death is a very personal struggle that one cannot know until he has arrived.

Those in the clergy differ perhaps in their various approaches in comforting the dying and the family, but all appeared genuinely concerned with the individuals involved. Most, if not all, have taken the time to inform themselves about the process of death and dying. By being informed, I mean they have done extensive reading and/or course work on the subject. Kubler-Ross appeared to be a popular reference source.

THE DOCTOR

1. What are your professional practices toward the terminally-ill patient and the family?

It is always difficult to accept the fact of terminality. The patient is told of his impending death as simply as possible. There are those who cannot face this issue and together, with the family's knowledge, the fact is kept from the patient. For those who can accept the fact of death, his questions are answered as they arise. He is made as comfortable as possible through the use of pain-killing drugs. The family is kept informed as to the patient's current condition.

2. Whose responsibility is it to tell the terminally-ill patient, the doctor or the minister?

Hopefully the minister would be available. People are generally much closer to their pastors than to their doctors. Acceptance is probably greater when the news comes from the minister. (One doctor who also is a minister disagreed.)
The doctor by all means! The doctor can best explain medical questions that the patient will ask. Surely the patient is entitled to know fully the circumstances. Such questions as: What can be done for me? Is there any hope? Will I suffer? and How long do I have? are not those that can be answered by the clergy. Of course, hopefully the minister should be there and make himself available to the patient and family. The biggest question of "Why me?" may not be answerable, but the minister can surely lend a consoling atmosphere to all concerned. Above all, the patient should be given hope.

3. Do you ever feel emotionally involved?

As much as humanly possible, professionalism must be maintained. However, there are times when this is difficult - especially so if you have come to know the person (one reason for doctors not treating their families.) As doctors, it is hard to accept death. Death sometimes affects persons as a personal failure. Death is one of the hazards of medicine. In order to be effective as doctors, cases must not become individualized. You never get use to it but must learn to shake it off and try a little harder the next time.

4. What is a most often felt response of the dying patient?

From patient to patient it is different. First reactions generally are of disbelief. Then perhaps anger sets in. Overall

disappointment seems to be the biggest blow. Disappointment is not being able to accomplish life's dreams.

5. What is the grief process and is it necessary?

Kubler-Ross has outlined the grief process, which goes through various stages. A person may register disbelief, shock, anger, denial or withdrawal. Whatever he may feel is normal and must be recognized. The patient usually works through these stages until he arrives at acceptance. Perhaps the grief process is hardest and longest for those surviving the death. If grief is very prolonged, then professional counseling may be necessary. One should be cautioned that grief is an individual thing. For some persons it may be of short duration while for others, lasting for quite a while. Whatever its length, each stage must be conquered. Postponing grief does not avoid it. If the process is not worked through, it will surface perhaps in a more destructive form - even years later. One cannot rush through grief.

6. Do funerals prolong the agony or help in the acceptance of death?

Funerals are a help in acceptance of death. They may be simple affairs but they do mark the end. This final ceremony helps the survivor in working through the grief process.

7. Have you accepted the fact of your own death?

Not really! There is still much to do. Death is an abstraction. Life is real.

Doctors appear reluctant to tell the dying patient - deferring to the clergy or others they feel better qualified to do so. Perhaps becuase their training has been geared toward life-saving that acknowledgement of death is a matter of personal or professional failure. Doctors seem better able to present a detached attitude toward patients. This in part could be caused by the mass explosion of specialization in the medical field. Often doctors are so specialized that they are called upon to perform only specific jobs. They are seldom required or expected to "know" the patient - only to treat him.

NURSES

1. What are your professional practices toward the terminally-ill and the family?

We stay fairly busy. Just following doctors' orders and administering to the patient's need is a constant task. There are so many who need attention. It is not as if there is much time to do more than keep the patient in physical comfort.

2 Whose responsibility is it to tell the terminally-ill the doctor or the minister?

The doctor should probably tell the patient but definitely the minister should be on hand.

3. Do you ever feel emotionally involved?

It's best not to talk of death. If the person wants to talk fine, but to elicit death conversation is not encouraged. Most of those interviewed felt "I don't know what to say." Occasionally one does become involved with a patient and this is very hard.

4. What in your opinion is a most often felt response of the terminally-ill?

It differs from patient to patient. Some fight it all the way while others are very accepting.

5. Do funerals prolong the agony or help in acceptance of death?

Funerals are needed. Long funerals may be bad. The short funeral is probably best.

6. Have you accepted the fact of your own death?

No, not really. Most admitted to giving death little thought and rarely discussed it with their colleagues.

Although the nurses interviewed certainly cannot reflect the attitudes of the entire nursing profession, this writer found them peculiarly lacking on the subject of death. Some of the questions put to them were so totally noncommittal as not to be

answers. They appeared so reluctant to discuss death, as though it were not a part of their working realm. Reasons for this lack of response or coolness may be attributable to self-defensive mechanisms necessary to professional survivorship.

FUNERAL DIRECTORS

1. What are your professional practices toward the family at the time of death?

An impressive phrase summed up by one funeral director was "I am a professional - not a mourner." All of those interviewed expressed the desire to give service, to empathize - not sympathize. Complete arrangements for the entire funeral is the task. People need not concern themselves with details. The service offered is one of directing and guiding the family but not to impose personal wishes upon them. Misinformation is the chief drawback of the business. Much time is spent in correcting "old wives' tales." Services performed by funeral directors ranges from the first call (picking up the body) through the preparation of the body and burial, to the last details of paperwork (such as social security forms, insurance benefits, etc.)

2. Do you ever feel emotionally involved?

Yes, of course, but as much as possible, professionalism should be maintained. The family at this time needs a display of strength - not emotion. Sometimes the death is a close one making it particularly hard to remain detached. "There have been times when I've had to excuse myself for a cry."

3. Do you think funerals prolong the agony or help in the acceptance of death?

Funerals help in the acceptance of death. They help the survivors to realize that the loved one will not return. It is the final act of life.

4. What is the cost of the average funeral?

For the adult funeral in which the home participates from beginning to end and where the death occurred locally, the figure is $1,086. This figure represents the funeral home charges. It includes such things as the pick up of the body, funeral merchandise (clothing, casket, etc.), embalming, plus sales tax. There are

other charges: cemetery fees, flowers, grave markers, and the minister. These costs are in addition to the $1,086 quoted. Regionally and nationally the average cost is $1,248.

5. Is there much demand for cremation?

Yes, at least more so in the last five years. This is probably due to the cosmopolitan make-up of the area. There are crematories in Oklahoma City, Tulsa, and Dallas. Cremation is much cheaper. It can be arranged for as little as $200 or as much as $600. All questioned seemed to favor the traditional funeral.

6. Do families ever make pre-burial arrangements?

Yes, especially if there is an expected death. There is also a burial contract that is the result of a legislative act. It is called a 100% Trust Law. People receiving assistance often make use of this trust by placing any extra cash into pre-burial plans. The funeral home must deposit the money in the bank not to be touched until needed.

7. Have you accepted the fact of your own death?

All those interviewed gave an unhesitating YES!

Most directors seemed enthusiastic that the subject of death was being explored. The funeral director provides a service to the community which some may wish to deny but cannot. In talking with the directors they seem to possess the freest spirits concerning death. Perhaps this is understandable considering the circumstances under which he works. These directors do not advertise, but instead deliver information packets to the family on the first call. His job is not to influence families in one way or another, however, in one such brochure this line is of interest: "Remember, after the funeral, you cannot <u>then</u> <u>do</u> what you feel you <u>should</u> have done, but didn't. After the funeral, you can't undo or change what <u>was</u> done."

NURSING HOME RESIDENTS

In interviewing nursing home residents, this writer preferred not to ask the same direct questions as put to others for fear of unduly upsetting the patient. In talking to many of the residents, I arrived at the following conclusions:

1. Older persons do not fear death as much as younger people do. There is almost full acceptance of death as a reality.

2. Fears of death are concerned more with dying alone - away from family and friends than with the act of dying itself.

3. Citizens of nursing homes find communion with their peers as far as discussing the prospect of death.

4. Few doctors have a personal relationship with their patients in homes. Information and treatment procedures are usually enacted through the nurse or staff members.

5. Too many are all but forgotten by their families.

6. As a whole they have a more personal relationship with the staff than with their families.

7. Death as it occurs among their community is viewed as a relief and blessing for the dead member.

8. All expressed the desire to remain as useful and active for as long as possible.

PERSONAL VIEWS

In addition to interviewing those professionally involved with death, several others were also included in this report. Among those interviewed were: a businessman, a Vietnam veteran, a housewife, a student and a career girl. All persons involved had had a personal experience with death.

1. Whose responsibility is it to tell the terminally-ill patient, the doctor or the minister?

All but one agreed that the doctor should do so, followed by the clergy and then those closest. The one person who felt differently did so because of a personal experience. Neither his wife nor children were told that she was dying. He and the doctor bore the burden alone for two months. Reasons for not disclosing this fact was that both husband and doctor believed that the wife would be unable to cope with known death.

2. What is the most often felt response of the survivor?

Shock was probably the most often expressed response. Some talked of a numbness. For those who experienced a very close death, they spoke of anger and the age old question of "Why?" They all agreed that hardest of all was the time after the funeral, when all is quiet.

3. Do funerals prolong the agony or help?

Of the five, three concurred that the funeral was a must. These same three leaned toward the various trappings of funerals such as having a befitting casket, music and flowers. The other two (the veteran and housewife - both 30 years old) were quite emphatic about the abusive role of the funeral and its directors. They both looked at death in a black and white prism. Life is living and doing - death is neither. Cremation was their choice of disposal.

4. Do you believe in euthanasia?

Yes, especially for those closest. All were positive that they would choose euthanasia for themselves as well.

5. Have you accepted the fact of your own death?

All answered yes with the student being a bit less positive. Three made a point of being Christians claiming death not to be an ordeal for the faithful. However, interesting enough, two of this group, though not claiming any particular allegiance to "a" church, expressed no fear of death and seemingly had a deep conviction to God, although brand labels were omitted.

Role conflict among those who deal professionally with death is apparent. The clergy wear two hats, one of a spiritual nature and one of a therapeutic nature. Doctors are torn between saving life and the realization that death is a part of life. Nurses appear to be lost somewhere in the void of recuperating patients and dying patients, while funeral directors are an ever

reminding source of the certainty of death. The rest of the population seems to be floundering somewhere between denial and acceptance of the inevitability of death.

Of those professionals involved, the ministry seems in best control of death situations. They seem more positive, more involved and more concerned than any other group. Oddly, the medical profession appears the least able to respond to the needs of the dying except of course in a physicological way. Perhaps the shortage of trained personnel, overloaded hospital conditions and specialization in part accounts for this problem. This writer found it very frightening that our sonic age medicine has produced such a condition.

Funerals seem to be highly acceptable as well as being highly individualized. This practice does not appear to be losing ground, however, there may be a trend away from the traditional funeral. People, beginning to question the value of a funeral, may use other means of disposal such as cremation, simple memorial services or merely burial.

Some studies have been done on the environment of the dying patient. These perhaps can substantiate my finds that people would prefer to die in familiar surroundings, around people whom they care about and who care about them. Such indicates a need for social support. Too often people die alone in hospitals away from friends. This fear of isolation was expressed more than once by older citizens. And the increasing majority of people do, in fact, die in hospitals. (Fulton, 1965).

Freud once wrote: "In reality . . . we display an unmistakable tendency to 'shelve' death, to eliminate it from life. . . . Our own death is indeed unimaginable, and whenever we make the attempt to imagine it we can perceive that we really survive as spectators . . . in the unconscious every one of us is convinced of his own immortality."

TEXT OF QUESTIONS

The following is a list of questions asked of all professionals included in the interviews. From time to time the questions varied or another was asked which may not appear in this list. Such differences are due to the individual circumstances and are duely contained on the tapes which accompany this report. Those questions which do not pertain to the non-professional groups were simply deleted at the time of the interviews.

1. Do you find that people as a whole shy away from the subject of death?

2. Whose responsibility is it to tell the terminally-ill patient, the doctor or the minister?

3. What are your professional practices toward the terminally-ill and the family?

4. Do you ever feel emotionally involved and if so, how do you maintain your professional perspective?

5. What in your opinion is a most often felt response of the dying patient - anger, shock, etc.?

6. What is the grief process and is it necessary?

7. In talking to a dying loved one can we be honest about our feelings of fear and loss, or should we erect a brave facade?

8. What in your opinion is a most often felt response of the survivor - quilt, relief, what?

9. When do you think the survivor has the most difficult period of grief, before or after?

10. Are you available to the family as they need you?

11. Do you think funerals prolong the agony or help in the acceptance of death?

12. Have you had a close personal experience with death?

13. Do you believe in Euthanasia?

14. Have you accepted the fact of your own death?

In addition, the following questions were asked of each funeral director:

1. What is the cost of an average funeral?

2. What is the cost of an average cremation?

3. Do you have families who make pre-burial plans, especially in expected deaths?

4. Do you find that these families are further along in the grief process than say when there was unexpected death?

5. Is your responsibility to the family ended at the conclusion of the funeral?

BIBLIOGRAPHY

Feifel, Herman Ph.D. The Meaning of Death. New York: McGraw-Hill Book Co., 1959.

Kubler-Ross, Elisabeth M.D. Questions and Answers on Death and Dying. New York: Macmillan Publishing Co. Inc., 1974.

AN ANALYSIS (1963) OF A STUDY (1962)

Fulton, Robert Ph.D. A Compilation of Studies of Attitudes Toward Death, Funerals and Funeral Directors. "Attitudes of People Toward Death, Grief, and the Funeral."